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¶ Notes on Public Health Legislation—Plans for Putting the Hughes Act Into Operation—Venereal Disease Rates Among Men From Ohio and Other States in the Second Million Inductions Into the Army—Rise in Child Mortality in March—Final Installment of Report on Health of Ohio Coal Miners

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The Ohio Public Health Journal

VOL. X. MAY, 1919. No. 5

EDITORIALS

Immediate Preparation Needed for Local Health Reorganization.

One of the first duties of the eight district health supervisors to be added to the staff of the State Department of Health after July 1 will be the organization of local health administration throughout the state in accordance with the terms of the Hughes Act. These men, in the respective sections to which they are assigned, will get into touch with the local officials and endeavor to bring about prompt action to carry out the provisions of the new law.

It is hoped that the district advisory councils in the general (county) districts will get together in their organization meetings as soon as possible after the law goes into effect on August 10, and will proceed rapidly to the choice of a district board of health. This board, in its turn, will be expected to act promptly in the matters of selecting a health commissioner and other employees and of drawing up the district budget for the calendar year 1920. If reasonable promptness is displayed, next January 1 will see the greater part of the state organized for work under the Hughes law. Delays, on the other hand, are likely to result in dangerous weakness of health administration for a time after January 1, with the present local health departments out of existence and the new ones not yet ready for action.

In the cities of more than 25,000 population, to be established as municipal health districts, the situation, while different, also demands prompt action. Preliminary action looking toward the appointment of health commissioners and other employees under civil service rules must be taken, the health authorities must consider the new plan of organization in drawing up their financial estimates for next year and thought should be given to the extensions of health department activity which must be made under the Hughes Act.

Some complex problems will no doubt be met with as local officials in both municipal and general districts proceed with the work of establishing the new administrative system. The State Department of Health desires to give all possible assistance to the communities of the State in dealing with these problems, and invites consultation. The district supervisors will be sent into the field with instructions to keep in close touch with local officials, and the headquarters of the Department at Columbus will gladly give information or advice which may be desired.

Precautions This Summer Will Bring New Low Record for Typhoid. Ohio can make the present year a record-breaker for low typhoid prevalence if she chooses to do so. The State came up to May 1 with a total to date of only 296 reported typhoid cases — slightly more than one-half as many as in the corresponding period last year. A little effort and the exercise of reasonable precautions will make it possible to continue at this pace during the remainder of the year.

How the 1919 figures compare with those for previous years is shown by the following table, giving reported case totals by months:

	1919	1918	1917	1916	1915	1914	*Average* 1914-18
January	102	142	164	212	301	296	223
February	89	130	157	182	180	290	188
March	60	138	189	172	196	152	169
April	45	126	207	174	182	215	181
Total, 4 months..	296	536	717	740	859	953	761

Purification of city water supplies, education of the public in the danger of bad sanitation, cool weather during the spring — probably all these have played a part in keeping the case total down. The decrease, analysis of the statistics has proved, has been as great in the country as in the cities.

The main fact to consider, however, is how to continue this record. The answer to this question is: Drink only water of known purity, protect food supplies against flies and other sources of contamination, screen outdoor toilets against flies, exercise care in nursing patients to prevent contact infection of other persons, be especially careful of your food and drink when on vacation trips, be vaccinated against typhoid if you feel that you are likely to be exposed to infection. The general public should follow this advice and health officials should do their part in making compliance possible.

The State Department of Health will gladly furnish any information or advice in regard to typhoid prevention which may be desired. The Department distributes typhoid vaccine free to physicians, makes laboratory examinations for the diagnosis of typhoid fever and has a supply of educational literature available to all applicants.

* * *

Dayton's Good Work In Reducing Typhoid. In 1917 Dayton was the only one of Ohio's five largest cities to have a typhoid death rate higher than 10 per 100,000 population. Dayton's rate that year was 13.7 per 100,000. In 1918 Dayton wiped out this blot on her record, reducing her rate to 6.9, according to an announcement from the city health authorities.

Dayton's new 1918 record is lower than that attained by any other of these five cities in 1917, with the single exception of Cincinnati. The 1918 figures for all these cities are not yet available. It is to be hoped that when they are published they will show these other cities to have retained the rank which they achieved among American cities in 1917. If this proves true, Ohio can point with a great deal of just pride to the typhoid records of her five largest cities.

Dayton deserves especial commendation for her achievement in reducing typhoid prevalence fifty percent in one year. This accomplishment is comparable with that of Columbus and Toledo in 1917, when 1916 records were halved in both cities.

Incidentally the typhoid situation in Ohio cities shows clearly that city typhoid prevalence depends to a large extent upon purity of water and food supplies and upon observance of proper sanitary precautions in disposal of sewage.

* * *

What One Ohio Soldier Thinks of Home Town Health Conditions.

You have been hearing a lot about cleaning up moral conditions in your community so as to give the returning soldiers as good an environment as they enjoyed while in the army. Perhaps, however, you haven't believed this to be as serious a matter as you have been urged to consider it.

In that case, just suppose it was your town about which a returning Yank was writing in the following letter on file in the State Department of Health:

> I have just been honorably discharged from the ——th ————, Thirty-seventh Division, where I have served as a corporal in ———— company for the past year-and-a-half.
>
> I have returned to the little town of ————, ———— County, Ohio, of which my father is the Methodist minister.
>
> I find that this town is a disgrace to the country, for its morals are ROTTEN, and I want you to help me to clean it up. It is worse than France, so nothing you can send me will be too strong.
>
> Hoping to hear from you soon, I am
>
> Cordially yours,
>
> ————————.

This soldier's home town is a little village in northeastern Ohio. Names and places are disguised in the letter as printed, purely in order to avoid embarrassing the writer and not because of any feeling that the town deserves to be shielded from criticism.

Could such a letter be truthfully written about your town?

* * *

Army Venereal Disease Statistics Show Need for Improvement in Ohio. If doubt has existed in the minds of any readers as to the extreme importance of the work being done to arrest the spread of venereal diseases in Ohio, it should be dispelled by the statistics, presented in this magazine, as to the prevalence of venereal infections in Ohioans among the second million men inducted into the National Army.

Four percent of the Ohio men, say the figures, were venereally diseased at the time of arrival at camp. One in every twenty-five Ohio men in the prime of life (for it seems that we may reasonably accept this percentage as representative of the general average for this age-group at any given time) has a disease which, if left unchecked, may disable him before he reaches old age, may cause his children to be blind, may ruin the health of his wife and may add to the State's already feeble-minded population.

And this estimate, it must be remembered, takes no account of cases apparently or actually cured before induction, of cases contracted after induction or of additional cases which would probably have been detected if laboratory tests had been applied to the men examined.

Ohio's record, be it noted, is one of the worst among northern states (the southern states practically all rank low). In several Ohio cities the venereal disease rate was found to be even higher than for the State at large, the figure going as high as 14.23 percent in the case of Columbus — a higher rate than in any other northern city of more than 30,000 population.

These figures show conclusively that venereal diseases constitute an extremely serious health menace in Ohio. No community can afford to sit idly by while the health of its population is being thus undermined.

* * *

Department Insists Upon Chickenpox Case Histories. Despite all that has been said about the matter, certain Ohio physicians insist upon calling smallpox cases chickenpox. Whether this wrong diagnosis represents an attempt at evasion of the

strict quarantine regulations for smallpox imposed by all local health districts, or is due to inability to distinguish between the two diseases, it is inexcusable in a supposedly trained and experienced physician. Furthermore, the health officer who receives reports of any appreciable number of adult chickenpox cases and fails to investigate them for the purpose of confirming or overthrowing this diagnosis is not doing his duty by his community.

Incorrect diagnosis of smallpox endangers the health of the entire community, enables a smallpox epidemic to gain much headway before health officials know of its existence and places more conscientious physicians at a disadvantage.

These facts have impelled the State Department of Health to adopt a new policy with regard to chickenpox reports. Heretofore the regulation requiring case reports of chickenpox has not been strictly enforced; when a health officer reported a monthly chickenpox total on his summary card without having sent in the corresponding case history cards no effort was made to get the missing reports. From now on, however, case reports of chickenpox will be insisted upon. Each month the summary reports will be checked with the case reports and missing case cards will be demanded. Case cards will be studied, and wherever an unusual prevalence of adult chickenpox is reported, representatives of the department will investigate as to the correctness of the diagnosis.

If the rather limited experience of the past is repeated, these investigations will uncover many wrongly diagnosed smallpox cases.

* * *

Shall Ohio Have Low Child Mortality? The extremly encouraging child mortality record for the early months of the year, noted in these columns last month, received a severe setback in March, when influenza flared up again. The March statistics, published elsewhere in this magazine, are the latest available as this is written, but observation of the situation makes it clear that the influenza increase in that month was short-lived. Brief as was this wave, however, it sent Ohio's child mortality curve skyward. Conditions are back nearer normal now, and the time is ripe for further reductions in baby deaths.

The coming of summer brings the usual menace of diarrhea and enteritis. This can best be met by educating mothers in better care of their children, by providing adequate public health nursing service and by taking care that water and milk supplies are pure.

Energetic work must get under way at once if Ohio is to have a reasonably low total of baby deaths this year.

Massachusetts Study Shows Why Diphtheria Patients Die

A study of one thousand diphtheria deaths by the Massachusetts State Department of Health indicates clearly that parents and physicians in Massachusetts are neglecting to give children proper protection against this disease. Inasmuch as a similar conclusion would in all probability be reached if such a study were made in this State, the Massachusetts results deserve the careful attention of Ohio people.

Unrecognized cases, in which medical attention and administration of antitoxin were delayed, caused many deaths. It was also found that death often followed intubation, leading the investigator to question whether a tracheotomy might not be preferable to intubation.

It was found that many physicians still consider membranous croup a distinct disease and do not recognize it as a diphtheritic infection until too late. It is suggested that this may be due to the fact that because of faulty technic positive cultures are seldom obtained from cases of this type, although it is perfectly feasible to obtain cultures from the larynx if proper methods are employed. This type of diphtheria caused far more deaths than either nasal or pharyngeal forms, although both the latter were important as causes of death. Deaths from these two forms were attributed chiefly to failure to recognize the condition as diphtheria.

Neglect of parents to call physicians to attend sick children caused many fatalities: nearly one-fourth of the children who died had been sick a week or more before a physician was called.

Physicians in several cases awaited a laboratory report before administering antitoxin and as a result permitted the patients to die. This emphasizes, it is pointed out, the need for administering antitoxin at the time of taking the culture.

Despite the fact that free state laboratories are scattered through Massachusetts, 7.6 percent of the deaths occurred in unrecognized cases. Parental neglect is evidenced by the fact that 11.8 percent of the cases studied were found moribund at the first visit of the physician. Improper nursing care was responsible for many of the cases of sudden death, which made up 5.2 percent of all the deaths.

A striking lack of uniformity in the use of antitoxin, both as to amount and as to intervals between doses, was found. In no case was antitoxin given intravenously — the method recommended for cases which are first seen late in the disease. These circumstances lead the investigator to recommend that the medical profession should be informed, from authoritative sources, of the most approved methods of administering antitoxin and of the dangers of its misuse; similar instruction, it is urged, should be given to medical students.

Trachoma Work Needed In Ohio River Cities.

If the trachoma situation in Portsmouth is a fair indication of the general situation among Ohio River cities — and there appears to be no reason for supposing it is not — then health officials in these municipalities should be giving some serious attention to trachoma.

Following the discovery of a number of cases of trachoma among school children, Portsmouth authorities asked the State Department of Health to assist them in a trachoma survey. A rather superficial study of the prevalence of the disease in the schools led to an estimate that there were not fewer than one thousand cases of trachoma in the city at large. A clinic has been established and a vigorous campaign to stamp out the disease is in progress. School children with trachoma are required to undergo treatment and other victims are being urged to avail themselves of the services of the clinic.

Trachoma is supposed to have been imported into Portsmouth from the mountainous districts of Kentucky, West Virginia and other southern states, where the disease is known to be widely prevalent. Immigration from these regions has been heavy in other Ohio River localities besides Portsmouth, and it is considered highly probable that the disease has gained a foothold in other cities along the southern boundary of the State. Health officials should make an effort to acquaint themselves with the situation, and physicians should exercise great care in diagnosing cases of eye trouble which are at all indicative of trachoma.

SELL RED CROSS SEALS AGAIN NEXT CHRISTMAS

Red Cross Christmas seals will again be on sale this winter. Last Year, as a war measure, the sale of the seals was discontinued and the American Red Cross made a direct appropriation for the maintenance of the work of the National Tuberculosis Association and of the state and local anti-tuberculosis agencies. This year the former arrangement between the Red Cross and the National Association will again be in force and the seals will be sold as heretofore to provide anti-tuberculosis funds and serve as an educational agency.

Six million dollars will be the goal of the 1919 seal sale in the United States. A definite quota will be assigned to each state. Ohio's quota will be somewhat more than three times the total sales in 1917, which amounted to slightly over $75,000.

Notes on Public Health Legislation

THE Hughes health district law will go into effect August 10—ninety days after May 12, when it was filed by the Governor with the Secretary of State. The Governor signed the measure May 9.

Immediately after August 10 it will be possible for the general and municipal districts created by the act to begin the work of organization. By the terms of the law, the present local health organization passes out of existence and the new system takes its place on January 1, 1920. Efforts will therefore be made to get the Hughes law system in operation by that date.

In the municipal districts—cities of more than 25,000 population—the reorganization will be comparatively simple, as the present boards of health or municipal health departments will continue in existence in these cities. Provisions must be made for civil service examination of applicants for the post of district health commissioner and other positions and the budget must be adequate to provide for the required full-time employees and for the extensions of city health department activities necessary under the new law.

In the general districts a complete reorganization, entirely independent of the present system, must be effected. This will begin in each district with the meeting and organization of the district advisory council, composed of all mayors and township trustees' chairmen in the district. The council must choose a district board of health. This board in turn must choose a health commissioner and other employees and must draw up the budget for the coming year. The budget must be approved by the district advisory council and the estimated expenditures must be apportioned by the county auditor among the municipalities and townships in the district. Not until all these steps are taken can the new health organization of the district begin operations.

Health Appropriations Larger.

Appropriations for the State Department of Health made by the present General Assembly total $197,540 for the year beginning July 1, 1919, and $195,640 for the year beginning July 1, 1920. The annual appropriation for each of the two preceding years was $128,005.

The greater part of the increase is due to allowances, for each year, of $20,000 for the salaries of eight district health supervisors, $3,600 for three child hygiene nurses, $10,000 for operation of trachoma clinics and hospitals in co-operation with the United States Public Health Service and local health departments and $25,000 for venereal disease work in co-operation with the same departments. No appropriations for these purposes were made by the previous Assembly.

The venereal disease appropriation will be supplemented by an equal amount to be received from the Federal government in accordance with the terms of the Chamberlain-Kahn act. During the past year Ohio has received $50,000 under this act, but beginning next

year grants will be made only when equal amounts are provided by the states receiving the Federal funds.

Supervisors to Be Added.

Activities of the health districts established by the Hughes law will be co-ordinated and standardized through a force of eight district health supervisors serving on the staff of the State Department of Health. Provision for these officials, necessary for the efficient operation of the new system, was made by the General Assembly in the appropriation bill, an allowance of $20,000 for their salaries having been made. The appropriation becomes effective July 1, and the supervisors will be placed in service as soon as possible after that date.

The State will be divided into eight supervisory districts, with one of the supervisors having headquarters in each area. The supervisor will keep in close touch with the local health officials in his territory and will serve as a link between the local health departments and the State Department of Health. One of the first duties of the supervisors will be to get the new system provided by the Hughes Act under way.

Bills Signed by Governor.

None of the bills listed in the April OHIO PUBLIC HEALTH JOURNAL as having been passed by the General Assembly and not yet signed by the Governor was disapproved by the Governor. All will therefore become laws.

Of the bills listed last month as pending, the following have been passed and have received the approval of the Governor:

Senate Bill No. 66 (Mr. Davis), authorizing the organization of sanitary districts for purposes of sewage disposal, water supply and correction of stream pollution. (See March OHIO PUBLIC HEALTH JOURNAL, p. 97.)

Senate Bill No. 167 (Mr. Ritter), relating to charges for support of patients at the Ohio State Tuberculosis Sanatorium. (See April OHIO PUBLIC HEALTH JOURNAL, p. 148.)

House Bill No. 282 (Mr. Dunspaugh), relating to the employment of minors. (See March OHIO PUBLIC HEALTH JOURNAL, p. 99.)

House Bill No. 362 (Mr. Dunspaugh), prohibiting the employment of women in certain occupations. (The occupations enumerated, in which employment of women or girls is prohibited, are: crossing watchmen, section hand, express driver, molder, bell hop, taxi driver, jitney driver, gas or electric meter reader, ticket seller except between six o'clock in the morning and ten o'clock at night, work in blast furnaces, smelters, mines, quarries except in the offices thereof, shoe-shining parlors, bowling alleys, poolrooms, barrooms and saloons or public drinking places which cater to men exclusively and in which substitutes for intoxicating liquors are sold or advertised for sale, delivery service on wagons or automobiles, operating freight or baggage elevators, baggage handling, freight handling and trucking of any kind, any employments requiring frequent or repeated lifting of weights of over twenty-five pounds.)

Bills listed last month as pending, which still remain pending but on which further action has been taken, are as follows:

House Bill No. 350 (Mr. Gorrell), supplementing the statutes for the suppression of prostitution. Passed by House; reported favorably (with amendments) by the Senate committee on public health.

House Bill No. 416 (Mr. Carpenter,) increasing the maximum death benefit under the workmen's compensation law to six thousand dollars. Passed by House; in labor committee of the Senate.

(*Concluded on page* 203.)

How Ohio Compares With Other States in Venereal Disease Prevalence

FOUR percent of the Ohioans among the second million men inducted into the army under the selective service law had a venereal disease at the time of arrival at camp, according to figures on this group of draftees recently compiled by the Surgeon General of the army and published by the United States Public Health Service. For the country at large the venereally diseased men made up 5.4 percent of the million.

"This percentage," says the statement of the Public Health Service which accompanied the statistics, "includes only obvious cases of syphilis and gonorrhea and chancroid. Wassermann examinations were not given. Furthermore, this percentage does not include those who had been previously cured or who may have become infected later."

Ohio ranked thirtieth in the list of states and territories in comparative freedom from venereal infection. Nearly all the states lower in the list, however, were in the South, where venereal diseases were found to be generally much more prevalent than in the North. The only northern states with worse records than Ohio were Michigan, Indiana and Illinois. The statistics for the various states and territories follow (the percentage in each case indicates the proportion of men inducted — not of those examined by draft boards —who had a venereal disease upon arrival at camp):

1.	Vermont	1.30%
2.	South Dakota	1.53
3.	Porto Rico	1.67
4.	Utah	1.83
5.	North Dakota	1.85
6.	New Hampshire	1.85
7.	Hawaii	1.96
8.	Wisconsin	2.01
9.	Alaska	2.13
10.	Oregon	2.19
11.	Idaho	2.21
12.	Wyoming	2.25
13.	Massachusetts	2.31
14.	Minnesota	2 31
15.	Maine	2.35
16.	Colorado	2.39
17.	Connecticut	2.59
18.	Rhode Island	2.67
19.	California	2.67
20.	Washington	2.82
21.	Iowa	2.88
22.	New York	2.91
23.	Kansas	2.92
24.	Nebraska	3.00
25.	Nevada	3.09
26.	Montana	3.31
27.	New Jersey	3.41
28.	Pennsylvania	3.58
29.	Kentucky	3.81
30.	Ohio	4.01
31.	Michigan	4.34
32.	Indiana	4.53
33.	Arizona	4.59
34.	Illinois	4.96
35.	West Virginia	5.15
36.	Missouri	6.10
37.	Maryland	6.23
38.	Tennessee	6.26
39.	New Mexico	6.71
40.	North Carolina	6.75
41.	Virginia	6.91
42.	Delaware	7.24
43.	District of Columbia	7.53
44.	Oklahoma	7.79
45.	Arkansas	9.93
46.	Alabama	10.32
47.	Texas	11.02
48.	Louisiana	11.21
49.	Mississippi	12.48
50.	South Carolina	12.66
51.	Georgia	13.03
52.	Florida	15.63

In giving statistics by cities from which the men came, the Public Health Service groups the cities according to population.

Among the ten cities of more than 500,000 population, Cleveland holds sixth place, with 4.44 percent of its men venereally diseased; New York has the best record, 2.44 percent, and St. Louis the poorest, 8.58 percent.

The Ohio cities in the class of 100,000 to 500,000 population rank as follows: Dayton thirty-second, 4.74 percent; Toledo thirty-fifth, 4.83 percent; Youngstown thirty-seventh, 5.03 percent; Cincinnati, thirty-eighth, 5.16 percent; Columbus fifty-third; 14.23 percent. There are fifty-seven cities in this group, of which Cambridge, Massachusetts, has the lowest venereal disease prevalence, 2.03 percent, and Fort Worth, Texas, the highest, 18.67 percent. Ohio's capital is the only city of this size north of the Mason and Dixon line which had more than ten percent of its men diseased. Indianapolis, with a rate of 9.18 percent, is the only other northern city approaching it in this population group.

Among the fifty-two cities of from 50,000 to 100,000 population, rates range from .82 percent in the case of Bayonne, New Jersey, to 27.45 percent in Savannah, Georgia. Ohio cities in this group, with their positons and rates, are: Springfield, twenty-first, 4.46 percent; Canton, thirtieth, 5.24 percent, and Akron, thirty-third, 5.84 percent.

Hamilton, Ohio, stands out with the low rate of 1.50 percent in the 40,000-to-50,000 group, ranking second only to Racine, Wisconsin, which has a rate of 1.15 percent. Macon, Georgia, stands at the foot of the list for cities of this size, with a rate of 18.43 percent.

Ohio communities among the thirty-five cities of from 30,000 to 40,000 population showed the following venereal disease percentages: Zanesville, ranking fourteenth, 3.35 percent; Newark, twenty-fourth, 4.87 percent; Lima, twenty-ninth, 6.55 percent.

The percentage of venereal diseases among the second million men receeived at camp was considerably higher than that among the first million—the rate in the earlier million was only three percent. The Public Health Service explains this as follows:

"This is due to the fact that, as a result of experience gained by the examining medical boards, the medical officers in the army were able to make more careful examinations of the second million men and to record more carefully diseases detected than was possible at the time of the sudden mobilization of the first million men."

The rate for Ohioans among the first million men was 3.24 percent. The State ranked thirty-third among the fifty states and territories contributing to this million. Indiana was the only northern state with a higher percentage.

The Youngstown board of education has proposed that it transfer control of school medical inspection to the city board of health. The plan, it is said, would promote efficiency by permitting the school nurses and the other public health nurses to work interchangeably.

The United States Public Health Service expects to resume its investigation of the pollution of the Ohio River after July 1. This study had been in progress four years when it was interrupted by the war Dr. W. H. Frost, who was formerly in charge, will reopen his old headquarters in Cincinnati.

Influenza Again Raises Child Mortality Figures in March

INFLUENZA again in March produced an upward trend in Ohio's child mortality, raising the month's total of deaths of children under five years of age to 1,735. The total for March, 1918, was 1,376, while the monthly average death totals for 1916 and 1917 were, rspectively, 1,284 and 1,281.

March brought the Children's Year to a close. For the entire twelve months' period, beginning April 1, 1918, the child deaths numbered 17,980. Monthly totals, with the exception of March, have been given in previous issues* of this magazine and are not repeated here. The March figures are appended.

Influenza, especially during October, November and December, 1918, and March, 1918, was the cause of the excess. Up to the beginning of the epidemic, the child mortality was running lower than in previous years and indications were that the year would produce a marked decrease in these deaths, although it was equally probable that the goal set for Children's Year — the "saving" of 4,510 babies — would not be achieved. The present calendar year opened with comparatively low child mortality. The March influenza flare-up was short-lived and there is reason to hope that if no further serious outbreaks occur the year 1919 will see fewer deaths of children than did either 1917 or 1916. The low prevalence of childhood epidemic diseases during the spring months lends strength to this hope.

Following are the March statistics, by counties, on deaths of children under five years of age, with March, 1918, figures and monthly averages for 1917 and 1916, added for purposes of comparison:

County	March		Average Month	
	1919	1918	1917	1916
Total	1,735	1,376	1,281	1,284
Adams	16	7	4	5
Allen	16	31	13	14
Ashland	5	5	2	4
Ashtabula	15	8	12	14
Athens	11	10	11	12
Auglaize	11	7	4	5
Belmont	40	34	31	34
Brown	3	3	3	4
Butler	29	23	22	22
Carroll	2	3	1	2
Champaign	6	7	4	4
Clark	16	21	15	15
Clermont	5	4	3	5
Clinton	4	3	3	3
Columbiana	33	22	21	21
Coshocton	6	3	3	6
Crawford	10	7	7	5
Cuyahoga	310	203	274	248
Darke	12	4	6	7
Defiance	5	7	4	4
Delaware	3	3	3	5
Erie	9	3	6	4
Fairfield	13	9	7	6
Fayette	0	9	6	4
Franklin	86	71	52	51
Fulton	7	1	4	4
Gallia	7	6	3	5
Geauga	1	4	2	2
Greene	7	11	5	6
Guernsey	14	11	10	10
Hamilton	132	136	91	101
Hancock	7	4	5	7
Hardin	3	11	5	8
Harrison	6	4	2	3
Henry	5	6	3	3

*See OHIO PUBLIC HEALTH JOURNAL, March, 1919, p. 107, and April, 1919, p. 156.

County	March		Average Month	
	1919	1918	1917	1916
Highland	9	4	4	4
Hocking	1	9	5	6
Holmes	6	1	4	3
Huron	8	4	5	5
Jackson	7	6	10	7
Jefferson	36	35	25	31
Knox	2	5	3	5
Lake	8	3	4	5
Lawrence	25	19	9	13
Licking	10	11	14	10
Logan	11	2	4	4
Lorain	38	20	21	25
Lucas	90	62	66	75
Madison	8	6	3	4
Mahoning	107	92	79	72
Marion	11	13	8	8
Medina	5	4	3	4
Meigs	3	8	4	4
Mercer	3	7	5	5
Miami	11	8	9	6
Monroe	6	4	4	3
Montgomery	49	40	40	41
Morgan	0	1	2	2
Morrow	1	1	2	2
Muskingum	11	16	10	11
Noble	6	2	4	6
Ottawa	2	4	4	4
Paulding	18	5	2	4
Perry	6	11	8	7
Pickaway	12	11	5	6
Pike	12	3	3	4
Portage	10	9	6	6
Preble	4	3	4	2
Putnam	7	5	5	5
Richland	6	7	9	9
Ross	14	10	8	9
Sandusky	11	7	4	6
Scioto	27	29	24	21
Seneca	15	6	8	6
Shelby	12	5	4	6
Stark	58	27	38	35
Summit	85	73	80	66
Trumbull	19	19	18	19
Tuscarawas	15	10	11	12
Union	9	2	3	4
Van Wert	3	4	3	4
Vinton	7	4	3	3
Warren	9	3	4	4
Washington	6	13	6	8
Wayne	9	4	6	6
Williams	5	3	3	3
Wood	21	11	10	9
Wyandot	4	4	2	2

FORMALDEHYDE FUMIGATION

A Substitute for the Permanganate Formalin Method

Abstract of a paper by David Wilbur Horn, Jou. Ind. and Eng. Chem., IX., p. 126.

The paper explains and justifies the use of bleaching powder and formalin in the fumigation of rooms. The use of permanganate has been very expensive. The dichromate method is unsatisfactory. the cheapest and best available method for the fumigation of rooms.

The amount of formaldehyde gas necessary for fumigation as given by various authorities is tabulated. The methods of conducting the experiments are carefully outlined and comparative studies are made of the production of formaldehyde gas by the permanganate, dichromate, and bleaching powder processes.

Taking as the standard for all reliable methods the permanganate method as recommended by Rosenau and then making the dichromate and bleach methods equal to it in yield of grams of formaldehyde gas, the relative costs per 1,000 cu. ft. of room space are:

Permanganate formalin ...	2.29
Dichromate formalin	1.14
Bleach formalin	0.39

The study has shown that by using 620 grams or 1 1/3 lbs. of bleaching powder and 800 c. c. or 1 7/10 pt. formalin for each 1,000 cu. ft. to be fumigated, as much formaldehyde gas will be thrown off into the room as by the use of 250 grams permanganate and 500 c. c. formalin.

Health of Ohio Coal Miners

Abstract of a Report by Emery R. Hayhurst, Ph. D., M. D., Consultant in Industrial Hygiene, Ohio State Department of Health

(Concluded.)

Diagnostic Facilities. — While an X-ray was most apt to be readily available, still, for such a convenience, as well as most laboratory work, recourse was usually had to large cities. Such methods were reasonably prompt, but some physicians said there would be much more scientific medicine practiced were diagnostic facilities more convenient. There is just as much empirical medical practice in mining communities as elsewhere, if not more.

Hospitals.—The proximity and availability of hospitals to mining communities varied greatly. The acessibility of a hospital means much more to the physician and the patient's family and friends than it does to the patient, who may be transported easily enough fifty miles or more away to a hospital. But physicians cannot afford the time nor the expense of trips to distant hospitals. Consequently, where hospitals are in the mining community itself, the extent of their use by coal miners and their families is much greater than when they are at a distance and much of the physician's time is saved. It was found that miners rarely resort to hospitals for sickness, and members of their families even less so. The foreigner seems to appreciate the advantages of hospitalization more than does the American. There is a great dearth of hospital facilities in Ohio mining districts.

Cooperative hospital service was mentioned between miners in the Glouster and Jacksonville regions and the hospital at Logan, by which miners paid one dollar per month and received hospital services free. For some reason which was not clear, the arrangement did not appear to meet with the approbation of all of the physicians in the communities and no reply was received either to an inquiry sent to the management of the hospital or addressed to one of the officials of the miners' organization for that vicinity.

Organized Aid and the Physician. —The effects of the sick benefit association in relation to the physician are worthy of comment. Members of these associations, as well as of lodges and fraternals furnishing sick benefits, usually expect most of the fee for medical services to be met by the weekly cash benefit. In order to enable the afflicted one to secure this benefit, the physician fills out a certificate of illness. These financial transactions were commented upon as often uninviting. Again, where a miner belongs to several lodges or societies, he presents several certificates, usually each week. Sometimes health insurance companies and some of the fraternal societies require extensive blanks to be filled out. In practically all cases, physicians stated they made no charge for this service, and that they performed it because the patient was in their regular clientele and they could not well do otherwise. A couple of physicians stated that

they charged from fifty cents to one dollar for such service. Nearly all physicians interviewed complained that the multiplicity of certificates to be filled out gratis was the "bane of their existence." Two physicians in partnership in a busy mining community in Illinois stated that between them at least eight hours per week were spent in this filling out of sick benefit certificates.

Many physicians commented also upon the evident attempts at malingering which were associated with collections from benefit societies, and particularly where a workman was over-insured by carrying policies in several societies. Most physicians stated that they would like to see some other system adopted for the present sickness insurance relationship. For instance, the submission of bills directly to the benefit society and the dealing with a limited number of societies per patient. None, however, attempted to devise a workable plan. The physician feels safer as to his own remuneration when he is dealing with an organized body, such as a lodge or society, than when he is dealing directly with many of the patients who seek his services in mining communities.

Economics of Medical Practice. — There was no evidence to the effect that miners were not as good pay as any other class, considering race, locality and civil state. General average collections were about seventy-five percent in normal times, and only somewhat better at present. Some physicians reported as low as fifty percent, but stated that they were not good collectors. Others who had more business system claimed collections as high as ninety to ninety-five percent. Collections were better in isolated localities, as a rule. Increased labor turnover at the mines was blamed also for many failures to collect. In many communities it was stated that slow pay was a bad feature, and particularly so in normal times when the mines were idle for a number of weeks or months each year. Accident compensation has resulted in better collections and more prompt demand for the physician's services in the case of treatments for injuries. Multi-treatments, or the practice of calling one physician after another, or perhaps having two or more at the same time, each unknown to the other, was mentioned as frequent in communities of foreigners. All physicians had some charity patients, the number increasing in hard times. Chronic invalidism from sickness was not above the average. Many maimed individuals are to be seen in all large mining towns.

Physicians emphasized the unlimited extent to which quackery and the practice of charlatans prevailed. Here and there counter prescribing in which druggists prescribed something instead of sending the afflicted one to a physician was mentioned. Also the fact that physicians' prescription were filled repeatedly without the physician's sanction, and perhaps for different sick persons. One physician in an Ohio town stated that a prescription of a cousin of his, a physician who had been dead for twelve years, had become the general property of the neighborhood and that whenever persons had something resembling this form of sickness, they went to a particular drug store and asked to have Doctor So-and So's prescription number such-and-such filled for them. The old time street medicine vendor has

quite disappeared from most of the mining districts of the State. However, the practice of self-diagnosis has undoubtedly extended, and unquestionably increases the spread of communicable diseases and the incidence and severity of all afflictions. It is especially fostered in mining districts by various types of nostrum propaganda, in which full use is made of the advertising columns of newspapers, billboards, public places and the mails. Its chief cause is unquestionably lack of ready funds with which to pay for legitimate treatment and the desire to try a substitute first because of less expense.

VIII. GENERAL SUMMARY

BY means of a direct field survey, in which forty-three mines and their associated communities in eleven of the twelve districts of the State were visited, and by means of questionnaires and conferences, the status of the health of Ohio coal miners was investigated during the summer of 1918. Soft coal only is mined. The coal mining industry in the State is steadily increasing, employs 50,000 workmen, and the quantity of coal in sight is sufficient to last for centuries.

Working conditions in Ohio mines are not as good as the average when compared to most industries in Ohio. While ventilation is good in the main, many of the mines are of a damp, muddy type and work is such that exposure to this hazard is considerable. Furthermore, the blasting down of coal, which is permitted almost universally during the work hours and which fills the mine air with the poisonous gases due to blasting powder, occasions considerable health complaint. The mining laws and regulations need amendment in these regards and the department is sorely in need of more personnel to carry out the requirements of the law. Working conditions in Illinois mines are much superior on the average to those in Ohio.

Wash houses and places in which to change clothes are few and far between at Ohio mines. A glaring omission is absence of latrines for outside workers at most mines. A serious common fault is lack of examination of drinking water supplies which miners use.

The eight-hour day prevails. There is practically no overtime even in the present stress.

All coal miners belong (except in one mine, where wages and conditions are the same as elsewhere) to the United Mine Workers of America. Foreigners, principally eastern Europeans and Italians, predominate. But 3.3 per cent of 4,793 employees in thirty-four mines visited were found to be over sixty years of age. Wages are good but, in normal times, many mines are idle for weeks and months each year because of lack of demand for coal. Disastrous strikes have also caused great suffering.

A damp atmosphere, with mud and water about the feet, may be said to be one of the chief hazards for the Ohio coal miner; just as important is the breathing of dust by the workers at the face of the mine, particularly about the mining machines. Physical strain, much of which could be avoided if men were selected for their jobs by

physical examination at the time of their employment or after recuperation from sickness, causes a train of afflictions of incapacitating character.

Housing conditions and bad forms of recreational hygiene, especially alcoholism, undoubtedly constitute the major causes of most sickness. This whole situation is due largely to the inadequacy of community health organization and prophylactic measures against diseases.

Rheumatism, asthmatic afflictions and alcoholism constitute the chief forms of sickness. With the exception of tuberculosis, venereal diseases and possibly pneumonia, all common afflictions are of usual frequency among miners. Several diseases supposedly of industrial character among miners, such as hookworm, nystagmus and lockjaw were found to be non-existent.

Mortality statistics for miners are not able to be compiled for Ohio but the similar Illinois field shows that the annual death rate has been gradually increasing from the fiscal year 1912, when it was 1,003 per 100,000 employed, to the year 1918, when, for the first six months, it was 1,185. The cause for the increasing death rate is not clear. About two-fifths of all deaths among miners are due to external causes (violence and mishaps) and consequently the prevalence of any other affliction, such as tuberculosis, is overshadowed when viewed from the death cause. However, as compared to the death rate in general, the Illinois coal miners' death rate was excessive from typhoid fever, cirrhosis of the liver, suicide, and violence. After excluding violence, pneumonia becomes a prominent addition to the excess group, while tuberculosis approximates the average in the populace. Miners as a body, or as groups, cope with sickness and death hazards in many different ways, with greatly varying success and no methods very efficient. All sorts of schemes exist, depending upon locality, race, size of mining district, etc. Many miners' local unions maintain optional sick benefit societies, but all manner of modes of procedure exist. Most of them are on the decline, due largely to the effect of State compensation for accidents. Establishment funds do not exist in the coal mining industry. The miners' State organization does not pay a death claim as in Illinois. Practically all the locals, however, pay death benefits, ranging from twenty-five dollars to two hundred dollars and oftentimes including dependent adults in the miner's family as well as smaller amounts for children's deaths. The taking up of collections and "passing the hat" are the commonest procedures in case of sickness. The various national fraternal insurance societies have strong representation in mining districts. Miners often belong to several and may derive over-insurance therefrom. No operating companies take a direct interest in benefit societies as with some other industries. No insurance companies provide group insurance covering sickness for the employees of a mine. Industrial insurance by private companies, providing a small burial fund for children, is extensive.

Community medical facilities are no more than fair. Physical examinations of new applicants for work do not obtain. First-aid provisions at mines are fair. Hospital facilities are very scarce. Local health administration is in a

very bad way. Prophylaxis and preventive medicine is hardly known in most districts. There is great need of instruction, also in the fundamental facts of personal hygiene. Most dissipations were found to be the result of misconception of what constitutes recreation.

Medical practice in mining centers is maintained by a set of steady, hard-working native American physicians, very few of whom engage in contract practice. Fee rates for miners are the same as obtain for others in the community. These rates do not vary much from one end of the coal field to the other. The rates, however, are lower than obtain in the balance of the State. In general, there is a shortage of physicians to the population in mining districts and the inaccessibility of some communities renders this shortage acute. Trained nurses, and in fact practical nurses, are practically unknown persons in mining districts. Diagnostic facilities are meager and most laboratory work is sent to larger cities. More scientific medicine would be practiced in these districts were more laboratory and hospital facilities at hand.

Physicians are not satisfied with the present relations which they have with persons insured in various benefit societies for whom the physician must certify as to sickness before cash benefits are forthcoming and before the physician can receive his remuneration. Malingering is also a considerable feature, and many physicians were of the opinion that where an individual has a sick benefit in a lodge or society, an improvement in the situation might be made by submitting bills directly to the society instead of to the patient; also, that the number of societies in which a workman may insure for health could be limited to great advantage.

In normal times miners do not work steadily throughout the year in most districts, so that physicians have periods of decreased collections, although the miner pays as well as any other industrial class. Nostrum and quackery propaganda flourishes in mining districts. There are, however, very few non-medical practitioners belonging to the various cults.

There is much room for improvement. It involves education in ideals to a great extent. Some organized, corrective efforts are undoubtedly advisable. Stress should certainly be laid on the application of means to prevent sickness as well as the extension of means to cope with the sickness which exists.

Notes on Public Health Legislation.

(*Concluded from page* 194.)

House Bill No. 450 (Mr. Hughes), providing a penalty for physicians failing to report occupational diseases in accordance with existing law. Passed with amendments by House; in public health committee of Senate.

House Bill No. 465 (Mr. Matthews), providing for a survey of the state's water resources by the Department of Public Works. Passed, with amendments, by House; in public works committee of Senate.

House Bill No. 534 (Mr. Evans), establishing a State building code. In House committee on codes, courts and procedure.

Bills listed as pending in the April OHIO PUBLIC HEALTH JOURNAL and not referred to in any of this month's lists are still pending, with no further action than mentioned in April.

NEWS OF THE DEPARTMENT

GLEANED FROM DIVISIONAL REPORTS FOR APRIL

DIVISION OF COMMUNICABLE DISEASES.

Unrecognized or wrongly diagnosed smallpox formed the subject of investigations by the Division at Yellow Springs, in Marion Township, Hancock County, and in the neighborhood of Cynthiana, Pike County. Several cases were found under quarantine at Yellow Springs but in several other cases, which the investigator found to be smallpox, physicians were uncertain as to diagnosis and the patients were not under quarantine. All these cases were placed under quarantine. The investigation in Hancock County followed a complaint that smallpox was being brought into Findlay by reason of the failure of township officials to enforce quarantines. Nine cases of smallpox, some of which had been diagnosed as chickenpox, were found and the health officer was instructed to enforce the necessary restrictions. Five cases of smallpox were found and placed under quarantine in Brush Creek and Paint townships, Highland County, and Perry Township, Pike County, as a result of the investigation near Cynthiana.

A diagnosis of chickenpox in an adult case at Lancaster was confirmed by a Division investigator. The visit was made at the request of Health Officer Alfred, who wished to avoid the possibility of a mistake.

Scarlet fever investigations were made at Silverton and Plain City and an influenza investigation was made at Avon.

Reported Cases of Notifiable Diseases in April.

PREVALENCE. — April reports do not indicate any one notifiable disease markedly prevalent as compared with April totals during the past five years. Excluding influenza and broncho-pneumonia, these diseases having been made notifiable last October, a total of 5,937 reported cases gives an annual case rate per 1,000 population of 1.116, as compared with 2.224 for April, 1918, and 2.339 for April, 1917. There is a reduction of 20,232 reported cases from March figures. In order of greatest reported prevalence for April the diseases list as follows, with comparative figures for March given, including delinquent March reports:

DISEASES	REPORTED CASES	
	April	March
Influenza	7,477	28,668
Measles	1,855	1,326
Scarlet fever	620	693
Chickenpox	603	607
Mumps	521	680
Tuberculosis, all forms	514	481
Smallpox	403	602
Pneumonia, acute lobar	376	374
Diphtheria	285	345
Pneumonia, broncho..	214	740
Whooping cough	172	170
Syphilis*	156	144
Gonorrhea*	145	221
Opthalmia neonatorum	132	133

*These syphilis and gonorrhea reports are the total of cases reported by physicians to local health officers and returned by local health officers on their monthly summary reports. Cases reported directly to the State Department of Health, in conformity with the venereal disease regulations, totaled in April: syphilis 361, gonorrhea 579.

For no other one notifiable disease was a total of 100 or more cases reported for April. Out of a total of 11,705 cases of notifiable diseases recorded to date of May 10, 8,318 cases were reported by cities — 71 percent of the entire amount, as compared with 6,948 cases, 57 percent of the State total, for April, 1917, and 5,635 cases, 48 percent of the State total, for April, 1918, reported by the same health districts.

INFLUENZA. — To May 10, there were recorded for the month of April, 7,477 reported cases of influenza, 20,113 cases fewer than were recorded for the month of March to date of April 10, indicating that the crest of the epidemic influenza wave had passed. It is probable that reported influenza cases totals during summer months will indicate markedly diminished prevalence.

MEASLES. — This month's report shows a rising measles prevalence. A total of 1,855 reported cases was recorded during April, an increase of 558 cases, or 43 percent, as compared with last month's recorded total of 1,297 cases. The cities reported 1,430 cases, or 77 percent of the entire measles prevalence during this month. Five cities reported a total of more than 100 cases each, as follows: Youngstown 385, Akron 267, Cleveland 152, Springfield 134, Cincinnati 110. A rising measles prevalence is not unusual during spring months and this month's figures are highly satisfactory on comparison with previous April records. This month's reported number of cases is 3,807 cases less than the five-year average of reported measles prevalence for the month of April, 1914-1918, inclusive.

SCARLET FEVER. — Scarlet fever ranks third in order of prevalence for April as compared with fourth place held by this disease in March. A reported total of 620 cases was recorded for the month of April to date of May 10, 28 cases fewer than last month and a decrease of 303 cases, or 33 percent, as compared with the five-year average for scarlet fever. The reported prevalence is widely distributed, 78 percent of the counties of the State reporting cases. Cincinnati reported 129 cases. No other health district reported as many as 50 cases.

TUBERCULOSIS. — There was an unusually high total of reported cases of tuberculosis during April, as compared with reported prevalence of other diseases for this month. A total of 514 tuberculosis cases was recorded for April to date of May 10, an increase of 99 cases as compared with the total number of reported tuberculosis cases recorded for March up to April 10. Delinquent reports will undoubtedly carry these figures near the five-year average of 650 cases. The cities reported 442 cases, or 86 percent of the month's entire reported prevalence.

SMALLPOX. —Smallpox ranks seventh in the prevalence list for April, as compared with sixth place held by this disease in the corresponding list for March. This months' recorded total of 403 cases is 25 percent lower than that of March, recorded during a corresponding time period. During April, 1917, 422 cases of smallpox were recorded and during April, 1918, 1,278 cases. The five-year average of recorded smallpox cases for April is 590 cases. Cases were widely distributed over the northeastern and southwestern districts of the State. Those counties whose health districts reported 25 or more cases are as follows: Butler 65,

Hamilton 43, Tuscarawas 34, Lorain and Mahoning 33 each.

TYPHOID FEVER. — There is a marked decline in typhoid fever prevalence for this month as compared with reported totals of this disease during the same month in previous years. Forty-five cases were reported during April. The typhoid fever prevalence for this month in the past five years is as follows: April, 1914, 215 cases; April, 1915, 182 cases; April, 1916, 174 cases; April, 1917, 207 cases; April, 1918, 126 cases, giving a five-year average of 181 cases. The 45 cases were distributed over 21 counties.

MENINGITIS, CEREBROSPINAL. — Reported cases of meningitis in April totaled 12, as compared with 22 cases reported during the previous month and 44 cases recorded during April, 1918. The distribution was as follows: Cleveland 3, Delphos 1, Richland Township, Belmont County, 1; Cincinnati 1, Steubenville 1, Lagrange 1, Toledo 1, Dayton 1, Circleville 1, Akron 1.

OTHER DISEASES. — Six cases of poliomyelitis were recorded during April, reported from the following health districts: Addyston, Hamilton County, 2; Cleveland, Youngstown, Savannah and Strasburg, one each. Chippewa Township, Wayne County, reported a case of rabies. A case of impetigo was reported from Cleveland. Eighteen cases of cancer were reported during April as compared with a total of 31 reported in March. Twenty-four cases of trachoma were reported. Jefferson, Ashtabula County, reported one case of septic sore throat. Six cases of encephalitis lethargica, or "sleeping sickness" have been noted since the last previous report was submitted. The distribution is as follows: Yellow Springs, Toledo, Eaton, Columbus, Camp Chase and Prairie Township, Franklin County, one case each.

TABLE I. — REPORTED CASES OF NOTIFIABLE DISEASES, OHIO, APRIL, 1917-1919, WITH DISTRIBUTION FOR CITIES AND FOR VILLAGES AND TOWNSHIPS, APRIL, 1919, AND ANNUAL CASE RATES PER 1,000 POPULATION APRIL, 1917-1919.

Disease	April, 1919.			April, 1918	April, 1917	April Case Rates Per 1,000 Population.†		
	Cities	Villages and Townships	Total			1919	1918	1917
All Notifiable Diseases	8,318	5,310	13,628	11,705	12,180	2.562	2.224	2.339
Chickenpox	433	170	603	503	683	.115	.096	.131
Diphtheria	224	61	285	385	479	.054	.073	.092
Gonorrhea	132	13	145	72	183	.027	.014	.035
Influenza	4,197	3,280	7,477	*	*	1.406	*	*
Measles	1,430	425	1,855	2,495	5,600	.349	.474	1.075
Measles, German	6	29	35	2,419	647	.007	.460	.124
Meningitis, cerebrospinal	10	2	12	44	152	.002	.008	.029
Mumps	107	414	521	1,151	469	.098	.219	.090

TABLE I.—REPORTED CASES OF NOTIFIABLE DISEASES, OHIO, APRIL, 1917-1919, WITH DISTRIBUTION FOR CITIES AND FOR VILLAGES AND TOWNSHIPS, APRIL, 1919, AND ANNUAL CASE RATES PER 1,000 POPULATION APRIL, 1917-1919—Concluded.

Disease	April, 1919.			April, 1918	April, 1917	April Case Rates Per 1,000 Population.†		
	Cities.	Villages and Townships	Total			1919	1918	1917
Ophthalmia neonatorum	124	8	132	113	126	.025	.021	.024
Pneumonia, acute lobar	271	105	376	556	406	.071	.106	.078
Pneumonia, broncho..	36	178	214	*	*	.040	*	*
Poliomyelitis	1	5	6	11	12	.001	.002	.002
Scarlet fever	379	241	620	876	1,202	.117	.166	.231
Smallpox	197	206	403	1,278	422	.076	.243	.081
Syphilis	148	8	156	49	123	.029	.009	.024
Trachoma	21	3	24	9	40	.005	.005	.008
Tuberculosis, all forms	442	72	514	628	676	.097	.119	.130
Typhoid fever	25	20	45	126	207	.008	.024	.040
Whooping cough	120	52	172	945	688	.032	.180	.132
Other notifiable diseases	15	18	33	45	65	.006	.009	.012

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH CASE RATES PER 1,000 POPULATION, OHIO CITIES, APRIL, 1919.

Cities	Total Case Rate Per 1,000 Population	Total Reported Cases	Diphtheria	Measles	Meningitis Cerebrospinal	Pneumonia, Acute Lobar	Poliomyelitis	Scarlet Fever	Smallpox	Tuberculosis, All Forms	Typhoid Fever	Whooping Cough
Total	1.023	3,099	224	1,430	10	271	1	379	197	442	25	120
Akron	3.949	359	1	267	1	24	....	13	....	26	....	27
Alliance	.192	4	....	.....	....	....	....	....	3	1	....	....
Ashtabula	.086	2	....	2	....	....	....	....	....	....	....	....
Athens	.520	4	....	.....	....	....	....	2	....	....	2	....
Bellaire	.504	8	2	1	....	....	....	1	....	4	....	....
Bellefontaine	.206	2	....	.....	....	2	....	....	....	....	....	....
Bellevue	.800	5	....	.....	....	2	....	....	....	3	....	....
Bowling Green	.558	3	....	2	....	....	....	1	....	....	....	....
Bucyrus	.416	4	....	.....	....	....	....	1	....	1	2	....
Cambridge	.140	2	....	.....	....	1	....	....	....	1	....	....
Canton	.742	53	1	41	....	....	....	7	....	4	....	....

* Not reportable until October 11, 1918.

† For approximate monthly case rate multiply annual rates by 12.

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH CASE RATES PER 1,000 POPULATION, OHIO CITIES, APRIL, 1919 —Continued.

Cities	Total Case Rate Per 1,000 Population	Total Reported Cases	Diphtheria	Measles	Meningitis Cerebrospinal	Pneumonia, Acute Lobar	Poliomyelitis	Scarlet Fever	Smallpox	Tuberculosis, All Forms	Typhoid Fever	Whooping Cough
Chillicothe	.744	12	4	1	....	....	....	5	....	2	....	....
Cincinnati	.872	436	33	110	1	....	....	124	21	109	3	35
Circleville	.111	3	....	1	1	....	....	....	....	1	....	....
Cleveland	.620	620	78	152	3	183	1	35	17	139	1	11
Columbus	.436	109	14	38	....	....	....	12	6	32	....	7
Conneaut	.212	2	2	....	....	....	....	....	....	....	....	....
Coshocton	.480	6	2	....	....	....	....	....	4	....	....	....
Dayton	.312	52	7	9	1	11	....	9	....	11	3	1
Defiance	.408	3	....	....	....	1	....	....	1	1	....	....
Delaware	.099	1	....	....	....	....	....	....	....	1	....	....
Delphos	5.430	30	....	24	1	1	....	4	....	....	....	..
East Cleveland	.462	7	....	1	....	....	....	6	....	....	....	....
East Liverpool	.042	1	....	....	....	....	....	....	1	....	....	....
Elyria	.735	15	2	3	....	3	....	....	7	....	....	....
Findlay	3.015	45	1	43	....	....	....	....	1	....	....	....
Fostoria	.089	1	1	....	....	....	....	....	....	....	....	....
Fremont	.594	6	....	4	....	....	....	....	....	2	....	....
Galion	.278	2	....	....	....	....	....	1	....	1	....	....
Greenville	.144	1	....	....	....	....	....	....	....	1	....	....
Hamilton	.924	42	....	....	....	1	....	....	41	....	....	....
Kenton	.266	2	....	2	....	....	....	....	....	....	....	....
Lakewood	.660	11	2	....	....	....	....	4	....	5	....	....
Lancaster	.354	6	1	1	....	....	....	2	....	....	....	2
Lima	2.580	86	11	28	....	....	....	44	....	3	....	....
Lorain	1.080	45	1	35	....	5	....	2	....	2	....	....
Mansfield	.546	13	2	2	....	3	....	....	2	3	1	....
Marion	.697	17	1	....	....	7	....	6	1	1	....	1
Martins Ferry	.864	9	2	....	....	....	....	5	....	2	....	....
Massillon	.040	1	1	....	....	....	....	....	....	....	....	....
Middletown	1.260	21	1	2	....	2	....	1	13	2	....	....
New Philadelphia	.279	3	....	....	....	1	....	....	1	1	....	....
Newark	.279	9	....	....	....	....	....	6	....	3	....	....
Niles	.472	4	1	....	....	....	....	....	2	1	....	....
Norwalk	.928	8	....	....	....	8	....	....	....	....	....	....
Norwood	.200	5	1	2	....	....	....	2	....	....	....	....
Painesville	.504	3	....	....	....	....	....	3	....	....	....	....
Piqua	.483	7	....	....	....	....	....	....	6	1	....	....
Portsmouth	.315	9	3	....	....	....	....	2	2	2	....	....
Ravenna	.918	6	....	....	....	....	....	6	....	....	....	....
St. Bernard	.154	1	....	....	....	....	....	1	....	....	....	....
St. Marys	.492	3	1	....	....	....	....	1	....	1	....	....
Salem	.294	3	....	1	....	....	....	1	....	1	....	....
Sandusky	.931	19	4	2	....	6	....	....	....	6	1	....
Sidney	.102	3	....	....	....	....	....	....	2	1	....	....
Springfield	2.772	154	....	134	....	....	....	....	....	13	....	7
Steubenville	.627	19	3	....	1	....	....	1	8	5	1	....
Tiffin	.234	3	....	....	....	1	....	....	1	1	....	....
Toledo	1.185	237	16	96	1	4	....	36	16	40	3	25
Troy	.471	3	1	....	....	....	....	....	2	....	....	....
Urbana	.464	4	1	1	....	1	....	....	1	....	....	....

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH CASE RATES PER 1,000 POPULATION, OHIO CITIES, APRIL, 1919 —Concluded.

Cities	Total Case Rate Per 1,000 Population	Total Reported Cases	Diphtheria	Measles	Meningitis Cerebrospinal	Pneumonia, Acute Lobar	Poliomyelitis	Scarlet Fever	Smallpox	Tuberculosis, All Forms	Typhoid Fever	Whooping Cough
Van Wert	3.456	27	....	27	....	....	....	....	....	....	....	....
Wapakoneta	.150	1	....	1	....	....	....	....	....	....	....	....
Warren	.814	11	2	1	....	3	....	5	....	....	....	....
Washington C. H.	1.725	15	1	1	....	....	....	8	5	....	....	....
Wellsville	1.080	10	....	....	....	....	....	....	....	2	8	....
Youngstown	4.176	464	20	385	....	1	....	19	31	4	....	4
Zanesville	.527	17	....	10	....	....	....	3	2	2	....	....

NOTE.—Omission of certain cities from the foregoing table is due to the following reasons: Ashland, Barberton, Dover, Gallipolis, Jackson, Marietta, Nelsonville, Wellston, Wooster and Xenia reported no cases of the diseases listed; Ironton and Mt. Vernon failed to submit the regular summary report by date of compilation.

DIVISION OF PUBLIC HEALTH EDUCATION AND TUBERCULOSIS.

Conferences were held with the county commissioners of Tuscaraws and Harrison counties, both of which are in Proposed District No. 6. The Tuscarawas commissioners were not in favor of proceeding with the organization of a district as proposed and those from Harrison would not commit themselves because of the uncertainty as to the cost.

The Director inspected the Springfield Lake Sanatorium in company with the trustees. The trustees favor enlarging the present building to add about twenty beds to the capacity. The Director made an inspection trip to the Chillicothe District Hospital; the superintendent of this institution, Miss Dye, has resigned.

Changes in the local public health nursing service during April include the following:

Lima.—Miss Ethel Montague resigned as public health nurse. Miss Etta Mueller was appointed assistant to Miss Marion Foote.

Canton.—Miss Reardon appointed to staff of Visiting Nurse Society.

Youngstown.—Miss Elizabeth Campbell employed as nurse by social service department, Youngstown Hospital Association.

Springfield.—Miss Mary Runyan appointed tuberculosis nurse for the Anti-Tuberculosis League.

Cases of inflammation of the eyes of the newborn reported to the prevention of blindness nurse numbered 139, classified as follows: by color, 128 white, 9 colored, 2 unknown; by source of report, 28 reported by physicians, 48 by midwives, 19 by nurses, 2 by physicians and nurses, 42 by institutions. One case was provided with hospital care.

Notifications of tuberculosis hospital admissions and discharges received during April are summarized in the following table:

Admissions	Patients reported	Admissions	Discharges
Ohio State San..	57	25	36
Butler Co. San...	3	2	1
Franklin Co. San.	48	26	24
Lucas Co. Tbc. Hosp.	59	40	25
Dayton Dist.Hosp.	14	4	10
Lima Dist. Hosp.	13	6	10
Sp'f'ld Dist.Hosp.	11	7	4
Sp'f'ld Lake San.	21	8	15
Mt. Logan San. .	5	4	1
Rocky Glen San.	..	..	..
St. Anthony's Hosp.	4	5	5
Total	237	127	129

These 256 notifications and the 37 which were pending April 1 were disposed of as follows: referred to local public health nurses 211, investigated by division nurses 42, histories unobtainable 6, pending at end of month 34.

Notifications of discharged tuberculous soldiers and action taken thereon in April, with totals since the beginning of this work, are summarized as follows:

	April	Total
Notifications received .	19	914
Referred to public health nurses	14	616
Reported by public health nurses	5	359
Cases written directly..	5	292
Replies received	0	71
Cases visited by Division nurses	12	288
Cases admitted to sanatoria	3	49
Cases not found	5	147
Cases not heard from .	11	113

DIVISION OF SANITARY ENGINEERING.

Local sanitary engineering problems and projects in various parts of the State which were involved in the activities of the Division during April are indicated in the following paragraphs:

Lima is engaged in a program of providing relief sewers to make the sewerage system adequate for the present and future requirements. Plans for Contracts Nos. 1 and 2 have been received, providing relief sewers for approximately 40 percent of the area of the city. These improvements are to be undertaken immediately.

Cleveland is now prepared to proceed with the construction of the West 58th Street sewage treatment plant and has presented detail plans and specifications for this plant. The plant will comprise two-story settling tanks as its main feature and will cost upwards of $650,000.

The city of Lorain has grown very rapidly and finds it necessary to increase the capacity of its water purification plant. Plans have been presented, providing for doubling the capacity of the plant, making it capable of delivering 12,000,000 gallons a day. The improvement wil require an expenditure of $200,000.

The well water supply at Wauseon has failed and the village finds it necessary to install a complete new water supply system. The new supply will be obtained from a surface source and will be filtered.

Investigation of the water supply of Wellsville has shown that it is very seriously polluted and unfit for use The city has been advised to provide an improved supply.

The new water purification plants at Ravenna and Tiffin are practically completed and will be placed in service in the near future.

At Youngstown a new method of treatment of the water has been

given a trial and has proved successful. It will be adopted for permanent use. The method consists in treatment by lime to the point of causing a slight excess of lime which accomplishes a satisfactory removal of the disease-producing bacteria.

DIVISION OF INDUSTRIAL HYGIENE.

Consulting services of the Division in April included the following: plan for establishment of industrial hygiene bureau, Cincinnati board of health; medical supervision at Upson Nut Company, Willys-Overland Company, Toledo Shipbuilding Company, Toledo Furnace Company, National Malleable Castings Company; bill regarding night work, especially for women; bill for women employed in poisonous trades, health standards in handling of explosives, extent of occupational diseases in Zanesville, bill for compensation of occupational diseases, poisonous character of certain chemicals and compounds and requests to fill positions.

Investigative work included: investigation of five industrial establishments with reference to need for medical supervision; distribution of acute, chronic and tentative lead poisoning by age, sex, occupation and length of exposure in East Liverpool potteries, and literature search for listing case reports.

Publicity features included: medical argument against night work, especially for women; health status of soft coal miners; case report on good effect of factory ventilation; public hearings before legislative committees on night work for women, women in poisonous trades, and compensation for occupational diseases. Abstracts were prepared for the *American Journal of Public Health* and 368 educational pamphlets distributed.

Occupational diseases reported to the Division were: Arsenic poisoning, two cases; occupational dermatitis, one case. Incomplete reports have recorded 182 cases of tuberculosis among industrial workers.

BUREAU OF VENEREAL DISEASES.

The following table summarizes the activities of the Bureau of Venereal Diseases and its clinics in April:

Clinic or Hospital	Number Patients Treated			Number Visits by Patients	Number Cases Gonorrhea	Number Cases Syphilis	Number Cases Chancroid	Number Cases Quarantined	No. Cases Discharged from Quarantine
	Male	Female	Total						
Cleveland City Hospital..	26	21	47	.....	12	34	7	2	.....
Akron U. S. P. H. Clinic.	128	25	153	952	56	26	3	4	.....
Chillicothe U. S. P. H. Clinic	1	29	30	1,150	9	29	....	53	17
Cincinnati U. S. P. H. Clinic	45	13	58	354	23	14	2	.....	.....

Clinic or Hospital	Number Patients Treated			Number Visits by Patients	Number Cases Gonorrhea	Number Cases Syphilis	Number Cases Chancroid	Number Cases Quarantined	No. Cases Discharged from Quarantine
	Male	Female	Total						
Seton Hosp., Cincinnati	2	.....	2	5	.....	2	....	....	.....
Youngstown U. S. P. H. Clinic	9	12	21	63	3	15	2	....	.....
Lorain U. S. P. H. Clinic.	24	3	27	48	7	6	....	....	.....
Columbus U. S. P H. Clinic	40	88	128	300	14	121	....	....	.....
Cincinnati Gen. Hosp.	217	137	354	709	90	264	1	....	.....
Portsmouth U. S. P. H. Clinic	122	64	186	346	64	68	10	....	.....
Mt. Sinai Hosp., Cleveland	23	1	24	425	16	8	....	....	.....
Lima U. S. P. H. Clinic (New)	4	2	6	12	.....	5	1	....	.....
Toledo	61	25	86	713	50	30	5	7	6
Lakeside Hospital, Cleveland (Day)	35	23	58	836	.....	58	3	2	.....
Lakeside Hospital, Cleveland (Night)	26	2	28	318	.....	28	3	....	.....
Columbus Laboratory	.....	.....	.....	.....	7	286	....	....	.....
Cleveland and State Report	.....	.....	.....	.....	21	191	....	2	.....
Total	763	445	1,208	6,231	372	1,205	37	70	23
March total	494	293	787	5,042	293	907	18	38	13

Fifty-eight lectures, attended by approximately, 5,966 person, were given by representatives of the Bureau in April. The film, "Fit to Fight," was shown ten times.

DIVISION OF LABORATORIES.

The Division made 2,615 examinations in April, of which 2,191 were bacteriological and 424 were chemical. The bacterological examinations, with their results were as follows:

Tuberculosis, pos. 100, neg. 339, susp. 2	441
Typhoid, pos. 6, neg. 37	43
Diphtheria, pos. 50, neg. 240, susp. 2, no growth 25	317
Wassermann, pos. 286, neg. 864, unsatis. 43	1,193
Gonorrhea, pos. 7, neg. 39, unsatis. 3	49
Rabies, pos. 6, neg. 8	14
Water	127
Miscellaneous	7

Of the Wassermann examinations 191 were made for venereal disease clinics, 429 for State institutions and 573 for private physicians.

Outfits were distributed in the following quantities: tuberculosis 636, diphtheria 639, typhoid 145, Wassermann 1,480, gonorrhea 191, malaria 49, opthalmia 4,147, in-

triple typhoid vaccine 2,013, chemical water 2, bacterial water 112; total 9,446.

The chemical samples examined included 78 foods and 39 drugs. Reports on the fods were: satisfactory 52, misbranded 3 (one each of lemon extract, vinegar and miscellaneous), adulterated 20 (lard 2, milk 6, syrup 2, vanilla extract flammation of the eyes 1, feces 31, 4, vinegar 4, miscellaneous 2), insufficient information 3. Reports on the drugs were: satisfactory 17, misbranded 2 (peppermint essence 1, quinine 1, miscellaneous 2), adulterated 14 (camphor 1, peppermint esence 1, proprietaries 4, quinine 3, toilet water 1, miscellaneous 4), insufficient information 4.

BUREAU OF PUBLICITY.

Fifteen newspaper publicity stories were issued during the month, of which fourteen issued through the weekly News Letter, were printed in 115 papers, in ninety-six cities and villages in sixty-nine counties, attaining a total (incomplete) of 2,499,157 printed copies.

New publications received from the printer in April are: Reprint 1901, "Wood Dust—Its Relation to Hea'th (from January, 1919, OHIO PUBLIC HEALTH JOURNAL), 500 copies: Health Education Bulletin 130, "Keeping Fit," 30,000 copies (part of order for 100,000 copies); Educational Circular 112 (second edition), venereal disease placard, 1,500 copies (balance of order for 5,000). Distribution of publications in April totaled 36,066 copies.

DIVISION OF PLUMBING.

The Division's representatives made sixty-six inspections in April. Twenty-two conferences were held. Investigations totaled eleven. Three orders were isued, six sets of plans were approved and twenty-six certificates of approval were issued. Collections for the month amounted to $219.50.

REJECTED SOLDIERS GET NURSING CARE

Approximately two-thirds of the Ohio men discharged from the army or rejected by draft boards because of tuberculosis are receiving attention from local public health nurses of the State. The other one-third live in communities which do not maintain nursing service and are consequently without such care.

Of 1,958 rejected and discharged tuberculosis victims reported to date to the State Department of Health, 1,272 live in nursing jurisdictions and 686 live outside such areas. Almost the same proportion applies to men living within and without counties provided with public tuberculosis hospitals. Hospital facilities, however, are greatly inadequate to care for all the tuberculosis sufferers within their jurisdictions.

Any local board of health in Ohio has authority to employ a public health nurse. Any county can establish a tuberculosis dispensary or join other counties in establishing a district tuberculosis hospital. Any municipality can establish its own tuberculosis hospital.

PUBLIC HEALTH NOTES FROM OVER THE STATE

Protecting Vacationists

A suggestion for city health departments maintaining laboratories is contained in a policy which has been adopted by the Cincinnati authorities. City Chemist E. M. Meyer of Cincinnati, is examining free samples of water submitted to him by persons who plan to spend their vacations at the places where the samples were collected. In similar work last summer it was found that sixty percent of the samples submitted were dangerously polluted.

Woman Can't Be Policeman

The question of employing public health nurses as sanitary policemen under the old law which made no provision for employment of nurses has come to light again recently in a ruling of the State Bureau of Uniform Accounting that a payment of salary by the city of Norwalk to a public health nurse carried on the payroll as a sanitary policeman was illegal. It has been held in a ruling of the Attorney General that a woman can not legally be given police power. The new law passed by the present session of the General Assembly amending the law so as to permit employment of nurses by local boards of health obviates the possibility of this difficulty's occurring in future.

School Nurses Needed

Is a school nursing service in operation in your community? A recent report of Miss Grace E. Donsing, public health nurse at Salem, illustrates the need for such health protection which exists in what is probably an average Ohio small city. Miss Donsing, during the period covered by the report, found that seventy-five percent of the school children examined had physical defects.

Urges Bigger Appropriations.

Declaring the "public health is purchasable", Health Director C. R. Augustus of Springfield in his annual report covering the year 1918 urged upon the city manager and the city commissioners the need for greater health appropriations. Last year's expenditures were $15,073.56.

"No money expended," said Dr. Augustus, "will give as great returns as that devoted to the prevention of disease and the alleviation of suffering. Public health is purchasable and it is inconceivable that the normal-minded citizens of this community will be satisfied with less than their share."

The report calls special attention to the drop in typhoid prevalence in 1918, attributed to the treatment of the city water with liquid chlorine and to daily laboratory tests of the water. The need for extension of tuberculosis and child-welfare activities is dwelt upon. (A tuberculosis clinic has been opened in Springfield this year.)

Hamilton Regulates Milk.

A regulation requiring pasteurization and clarification of all milk

sold in Hamilton has been put into effect by that city's board of health. Sixty thousand bacteria per cubic centimeter is established as the maximum which pasteurized milk may contain. Equipment and methods used in clarification and pasteurization must be approved by the board of health.

Cincinnati Extends Activities.

Cincinnati's health budget for 1920, as drawn by the board of health and approved by the mayor, carries appropriations amounting to $194,000 — an increase of $72,000 over the 1919 budget.

"Part of the additional funds," says the Cincinnati *Sanitary Bulletin*, published by the board of health, "are to be used for intensive work among the negroes. The budget provides for two new divisions — one on public health education, the other on industrial hygiene and industrial diseases. We also hope to recruit our nursing service so as to have a separate bureau of public health nursing. Other divisions will be recruited up to full strength, and we hope to take over the work of the Anti-Tuberculosis League dispensary."

J. D. Halliday, former director of the Cleveland bureau of health education and more recently enggaed in educational work with the Red Cross Tuberculosis Unit in Italy, has joined the staff of the National Tuberculosis Association as publicity secretary.

Akron's baby clinic and clinic for women have reopened for the summer. These stations were closed last fall at the time of the influenza epidemic, because of inadequate forces to cope with the epidemic and maintain the clinics at the same time.

Miss Annie J. Cunningham, employed by the Ohio Society for the Prevention of Tuberculosis to demonstrate school nursing work in various counties of the State, worked among the Allen County schools in April. Prior to that time she was in Trumbull County for three months.

Sanitary surveys were made by representatives of the State Department of Health in Hamilton and Coshocton in May. Reports of these surveys will be published later.

Two-hour clinics for children are to be held at frequent intervals in Niles, under the direction of the county tuberculosis nurse and the city school nurse. The first was held May 13.

A course in industrial hygiene and medicine is to be installed at the University of Cincinnati. A fund to support the course is being raised among Cincinnati industrial concerns.

MARCH NURSING REPORTS.

Local public health nurses whose reports for March have been filed with the Bureau of Public Health Nursing of the State Department of Health cared for 9,458 patients and made 18,862 home visits during that month. The figures summarize the activities of eighty-four nurses. Several important city reports are lacking.

Toledo, with twenty-two nurses, reports a greater volume of work than any other city. Toledo nurses cared for 4,962 patients and made 6,531 home visits. Among the communities with only one nurse, Massillon led, with 105 patients under care and 383 home visits made.

VIEWS OF THE PRESS ON PUBLIC HEALTH

CINCINNATI'S NEW HEALTH PROGRAM.

A healthier Cincinnati is the aim of Health Officer William H. Peters and the Board of Health. The board recently adopted a budget of $194,000 for public health purposes, equivalent to a per capita charge of 46 cents. The budget has the Mayor's indorsement. It is worthy of the loyal and enthusiastic support of every citizen.

During the current year Cincinnati will spend $2.24 per capita for fire protection, $2.38 for police protection and 28 cents for health protection. Important as is the protection of property, few will gainsay that the conservation of health is even more so. Municipalities as well as individuals are realizing more and more that an ounce of prevention is worth many tons of cure. Most of us, suffering from minor complaints, are content with drugstore suggestions and home remedies. Often, however, these minor ailments become chronic, and it is necessary to consult a physician or a surgeon. This, figuratively speaking, is the position of Cincinnati today, according to Dr. Peters.

Much has been accomplished in reducing mortality and preventing disease among children during the last few years. The Health Board desires to enlarge this important work and extend the program to conserving and protecting the health of adults. The yearly toll of nearly a thousand victims of tuberculosis does not seem to create much concern, says Dr. Peters, who adds that this is one disease which is robbing the city of its fair name.

As a means of combating this evil Dr. Peters urges more open air schools, sanatoria for incipient cases and a larger number of beds for the incurable, extension of the Anti-Tuberculosis League movement which will double the medical, nursing and dispensary service, and radical changes in the handling of the negro health problem. In carrying out of such a program assurance is given that, within a decade, our mortality from this cause will cut will be cut in half.

Other recommendations for Cincinnati's betterement include the establishment of a Bureau on Industrial Hygiene and Occupational Diseases. Such a bureau would permit of public health supervision of adult life in much the same manner as the physical welfare of children now is looke dafter. A large increase in the nursing staff also is advocated, for the purpose of combining functions and doing more generalized nursing in the smaller districts.

Cincinnati should give to the Board of Health strong support in its efforts to expand its activities.—*Cincinnati Enquirer.*

A polyclinic institution, free to the public, will be Summit County's memorial to her soldiers if tentative plans of a memorial committee are carried out.

DISEASES NOTIFIABLE IN OHIO.

Peport cases or suspected cases of the following diseases to the health officer having jurisdiction.

NOTIFIABLE INFECTIOUS DISEASES OF COMMON OCCURRENCE.

Chancroid.
Chickenpox.
Diphtheria and Membranous Croup.
Gonorrhea.
Influenza.
Measles.
Measles, German.
Meningitis, Epidemic Cerebrospinal.
Mumps.
Ophthalmia Neonatorum.
Pneumonia, Lobar.
Pneumonia, Broncho.
Poliomyelitis, acute infectious, (Infantile Paralysis).
Scarlet Fever.
Smallpox.
Syphilis.
Trachoma.
Tuberculosis, all forms, the organ or part affected to be specified.
Typhoid Fever.
Whooping Cough.

OTHER NOTIFIABLE INFECTIOUS DISEASES.

Actinomycosis.
Anthrax, human.
Cholera, Asiatic, (cholera nostras when Asiatic cholera is present or threatened).
Continued fever lasting seven days.
Dengue.
Dysentery:
a. Amebic.
b. Bacillary.
Favus.
Glanders, human.
Hookworm Disease.
Leprosy.
Malaria
Paragonimiasis.
Paratyphoid Fever.
Plague.
Rabies, human.
Rocky Mountain spotted, or tick fever.
Septic sore throat.
Tetanus.
Trichinosis.
Typhus Fever.
Yellow Fever.

OCCUPATIONAL DISEASES AND DISABILITIES.

Anilin Poisoning.
Arsenic Poisoning.
Benzine (Gasoline) Poisoning.
Benzol Poisoning.
Bisulphide of Carbon Poisoning.
Brass Poisoning.
Carbon Monoxide Poisoning.
Compressed-air Illness.
Dinitrobenzine Poisoning.
Lead Poisoning.
Mercury Poisoning.
Naphtha Poisoning.
Natural Gas Poisoning.
Phosphorus Poisoning.
Turpentine Poisoning.
Wood Alcohol Poisoning.

Any other disease or disability contracted as a result of the nature of the person's employment.

DISEASES OF UNKNOWN ORIGIN

Cancer.
Pellagra.

EFFECTIVE WORK

under the Hughes Act from the very beginning demands willing co-operation from all local officials involved.

Every mayor and every chairman of a board of township trustees has an individual duty to perform in preparing the machinery which will give his community better protection against preventable disease than it ever before enjoyed.

The State Department of Health will give all possible assistance in the work of reorganization.

ARE YOUR DISTRICT'S PLANS UNDER WAY?